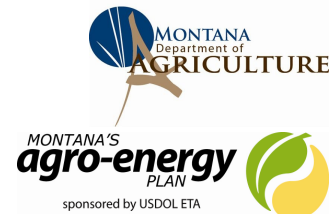


Montana Department of Agriculture  
Bio Product Innovation Network  
Brockmann Center, #104L  
PO Box 7751  
Havre, Montana 59501  
(406) 262-5923



### **Bio Product Innovation Network Camelina Seed Grant Program GUIDELINES**

The intent of this program is to provide funding to Montana producers, in the 32 county WIRED Montana's Agro Energy Plan region, seeking to educate themselves on the production of camelina and utilizing camelina as a rotational crop. A limited amount of grant funding will be made available to reimburse first-time camelina producers who have purchased camelina seed for the 2008 growing year.

Applications for reimbursement must be received by **June 1, 2008**.

The following guidelines will be adhered to:

Funding will be available for producers requesting reimbursement of seed for a minimum of 10 acres and a maximum of 80 acres of camelina. Producers may plant more than the maximum acreage but will only be reimbursed up to the maximum 80 acres.

Applicants must be first time Camelina producers and planting must occur no later than **April 1, 2008**.

Maximum reimbursable broadcast seeding rate of 5 lbs per acre. Minimum reimbursable broadcast seeding rate of 3 lbs per acre.

Maximum reimbursable seed cost is \$1.30/lb. Actual reimbursement will be determined from paid invoice submitted with application.

Applicants will be required to work with an agronomist or be provided training through the company for which the applicant has contract grown camelina.

Applicants will be required to submit data upon harvesting crop. Data required includes pounds harvested, date harvested and date of planting. Data shall be submitted to Bio Product Innovation Center no later than September 28, 2008.

Applicants shall submit a completed and signed Camelina Seed Program Grant Application along with a copy of the paid invoice to be reimbursed. Applications shall be submitted to the Bio Product Innovation Center nearest the producer.

Bio Product Innovation Center locations in WIRED region include:

**Bear Paw Development Corporation**  
Pam Lemer, Ag Innovation Coordinator  
PO Box 170, Havre, MT 59501  
406.265.9226  
[plemer@bearpaw.org](mailto:plemer@bearpaw.org)

**Beartooth RC&D Area, Inc.**  
Joel Bertolino, Program Technician  
604 West Front Street, Joliet, MT 59041  
406.962.3914  
[joel.bertolino@rcdnet.net](mailto:joel.bertolino@rcdnet.net)

**Great Northern Development Corporation**  
Jeanna Adkins, BPIC Counselor  
233 Cascade Street, Wolf Point, MT 59201  
406.653.2590  
[bpic@gndc.org](mailto:bpic@gndc.org)

**Snowy Mountain Development Corporation**  
Bob Giese, Business Development Officer  
613 North East Main, Lewistown, MT 59457  
**406.535.2591**  
[smdcmaic@midrivers.com](mailto:smdcmaic@midrivers.com)

**Eastern Plains RC&D/CRDC**  
Richard Iversen, Assistant Coordinator  
2745 West Holly Street, Suite C, Sidney, MT 59270  
**406.433.2103 ext 126**  
[richard.iversen@mt.usda.gov](mailto:richard.iversen@mt.usda.gov)

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**Bio Product Innovation Network  
Camelina Seed Grant Program  
APPLICATION**

Owner/Principal: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested Grant Amount: \_\_\_\_\_ Price per pound of Seed: \_\_\_\_\_

Number of Acres planted: \_\_\_\_\_ Rate of Seeding: \_\_\_\_\_

Was the acreage planted under contract: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Name of Contracting Company: \_\_\_\_\_

If No, Name and Phone Number of agronomist consulted: \_\_\_\_\_

Name and address of the source of purchased camelina seed: \_\_\_\_\_

I declare that I am legally capable of, and authorized to, sign this application for the purpose of obtaining a grant from the Department.

I declare that all information provided on this application is true and correct to the best of my knowledge.

I declare that 2008 is the first year that I have grown camelina

I declare that I have consulted with an agronomist or have been provided training by the company I have contracted to grow camelina for.

I agree to not feed camelina seed or farm-crushed camelina meal to animals, except as allowed by federal and Montana law.

I agree to follow attached Camelina Seed Grant Program Guidelines

**Signed by:**

\_\_\_\_\_  
Owner/Principal

\_\_\_\_\_  
Date

**W-9**

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,